

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TENNESSEE  
NORTHERN DIVISION

IN RE: JEANNE M. GOSS

#15-31519-SHB

Chapter 13

**NOTICE OF OPPORTUNITY TO OBJECT AND FOR HEARING**

**Pursuant to Local Rule 9013-1(h), the court may consider this matter without further notice or hearing unless a party in interest files an objection. If you object to the relief requested in this paper, you must file with the clerk of the court at US Bankruptcy Court, 800 Market St. Ste 330, Knoxville, TN 37902 an objection within thirty (30) days from the date this paper was filed and serve a copy on the Chapter 13 Trustee, PO Box 228, Knoxville, TN 37901 and the debtor(s)' attorney, Gail F. Wortley, 3715 Powers Street, Knoxville, TN 37917-2633. If you file and serve an objection within the time permitted, the court will schedule a hearing and you will be notified. If you do not file an objection within the time permitted, the court will consider that you do not oppose the granting of the relief requested in this paper and may grant the relief requested without further notice or hearing.**

**OBJECTION BY CHAPTER 13 TRUSTEE TO PROOF OF CLAIM**  
**FILED BY KNOX COUNTY TRUSTEE**

The Chapter 13 Trustee having received notice that the claim of KNOX COUNTY TRUSTEE filed on 02/22/2016 in the amount of \$140.42 for tax year 2014 has been paid in full; accordingly, the Chapter 13 Trustee moves for an Order disallowing this claim except to the extent already paid.

SUBMISSION AND CERTIFICATE OF SERVICE BY CHAPTER 13 TRUSTEE

Based on information and belief, the Chapter 13 Trustee hereby certifies the correctness of the facts contained in this Objection, Notice and Proposed Order and hereby certifies that a true and exact copy of the same has been serviced by electronic mail and/or by first class United States mail postage prepaid on the following individuals as addressed below this 1st day of April 2016.

/s/ Gwendolyn M. Kerney (by ml w/perm)  
GWENDOLYN M. KERNEY, #07280  
Chapter 13 Trustee  
PO Box 228  
Knoxville, TN 37901  
(865) 524-4995

JEANNE M. GOSS/ , DEBTOR(S)  
8620 KINGSTON PIKE  
KNOXVILLE, TN 37923

-

GAIL F. WORTLEY  
ATTORNEY AT LAW  
3715 POWERS STREET  
KNOXVILLE, TN 37917-2633

UNITED STATES TRUSTEE  
800 MARKET STREET SUITE 114  
KNOXVILLE, TN 37902

KNOX COUNTY TRUSTEE  
ATTN: LINDA G. MCGINNIS, LEGAL ASSISTANT  
PO BOX 70  
KNOXVILLE, TN 37901

Fill in this information to identify the case:

Debtor 1 Joanne M. Goss a/k/a Advanture Scuba Diving  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Eastern District of Tennessee  
Case number 15-31519-SHB

## Official Form 410 Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Knox County Trustee</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From Whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Knox County Trustee</u> Name <u>Post Office Box 70</u> Number Street <u>Knoxville</u> <u>Tennessee</u> <u>37901</u> City State Zip Code Contact Phone <u>865-215-2344</u> Contact Email <u>linda.mcginis@knoxcounty.org</u>	Where should payments to the creditor be sent? (if different) <u>Same</u> Name Number Street City State Zip Code Contact Phone Contact Email
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Last 4 digits of the debtor's account or any number you use to identify the debtor:	1293983
<hr/>			
<b>7. How much is the claim?</b>	\$ 140.42	<b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
<hr/>			
<b>8. What is the basis of the Claim?</b>	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>2014 Property Taxes</u>		
<hr/>			
<b>9. Is all or part of the claim secured?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>Tangible Personal Property Taxes</u>	
<hr/>			
<b>Basis for perfection:</b> <u>Property Taxes</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)			
<hr/>			
<b>Value of property:</b>		\$ 13,928.00	
<b>Amount of the claim that is secured:</b>		\$ 140.42	
<b>Amount of the claim that is unsecured:</b>		\$ (The sum of the secured and unsecured amounts should match the amount in line 7.)	
<hr/>			
<b>Amount necessary to cure any default as of the date of the petition:</b>		\$ 140.42	
<hr/>			
<b>Annual Interest Rate (when case was filed)</b>		12%	
<input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable			
<hr/>			
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount necessary to cure any default as of the date of the petition. \$	
<hr/>			
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No	Identify the property:	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/>	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$	\$ _____
	<input type="checkbox"/>	Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$	\$ _____
	<input type="checkbox"/>	Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$	\$ _____
	<input type="checkbox"/>	Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$	\$ _____
	<input type="checkbox"/>	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$	\$ _____
	<input type="checkbox"/>	Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$	\$ _____

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157, and 3571

Check the appropriate box:

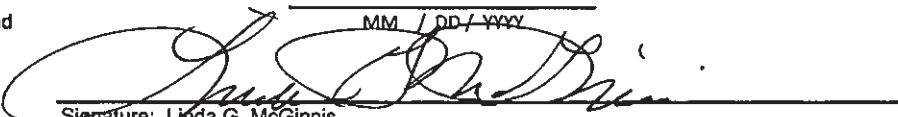
☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 2/22/2016  
MM / DD / YYYY

  
Signature: Linda G. McGinnis

Print the name of the person who is completing and signing this claim:

Name	Linda	G.	McGinnis
	First name	Middle name	Last name
Title	Legal Assistant & Collections Coordinator		
Company	Knox County Trustee		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	Post Office Box 70		
	Number	Street	
	Knoxville	Tennessee	37901
	City	State	ZIP Code
Contact phone	865-215-2344		Email <u>linda.mcginis@knoxcounty.org</u>

## OFFICE OF THE CHAPTER 13 TRUSTEE

P O Box 228  
Knoxville, TN 37901  
(865)524-4995

Main Document

Page 6 of 8  
First Tennessee Bank  
Knoxville, TN.

87-719

642

No. 11683920

March 16, 2016

CHECK IS NOT VALID UNLESS PRESENTED  
WITH A BLUE BACKGROUND

PAY\*\* One Dollars and 40 Cents \*\*\*\*\*  
TO THE ORDER OF KNOX COUNTY TRUSTEE

AMOUNT \*\*\*\*\*\$1.40\*\*\*\*\*

VOID AFTER June 14, 2016

MAIL TO: KNOX COUNTY TRUSTEE  
PO BOX 70  
KNOXVILLE, TN 37901-

Gwendolyn M. Kerney, Trustee

⑈ 11683920 ⑈

⑈

Gwendolyn M. Kerney, Trustee, Knoxville, TN

Check No. 11683920

Pay to: KCT70 KNOX COUNTY TRUSTEE

Please notify the Court &amp; us of any changes made after filing of your claim (ex. account number, address, claim assignment, etc.)

Case No.	Clm	Debtor Name	Account No.	Balance	Principal Pmt	Interest Pmt	Total
15-31519	042-0	JEANNE M. GOSS		0.01	1.39	0.01	1.40

1293983 2014

RECEIVED

MAR 23 16

CHAPTER 13  
TRUSTEE

Claim paid in full. Thank you.

Linda M. Brui

3/21/16.



## Knox County Property Tax Summary

Tax Year	Status	Last Paid	Net Taxes Billed	Interest, Penalty & Fees	Payments	Balance Due
2015	PAID		0.00	0.00	0.00	0.00
2014	PAID	02/29/2016	119.00	21.42	140.42	0.00
2013	PAID	06/17/2014	116.00	6.96	122.96	0.00
2012	PAID	06/17/2014	198.00	137.12	335.12	0.00
2011	PAID	06/17/2014	193.00	169.66	362.66	0.00
2010	PAID	04/30/2011	277.00	8.31	285.31	0.00
2009	PAID	04/30/2011	145.00	109.45	254.45	0.00
2008	PAID	07/07/2009	362.00	27.15	389.15	0.00
2007	PAID	09/18/2008	352.00	36.96	388.96	0.00
2006	PAID	11/06/2007	320.00	43.20	363.20	0.00
2005	PAID	04/28/2006	353.04	10.59	363.63	0.00
2004	PAID	04/28/2006	230.50	73.54	304.04	0.00
2003	PAID	02/09/2004	220.34	0.00	220.34	0.00



## Knox County Property Tax Summary

Property: 1293983  
Address: 8620 Kingston Pk. Tn  
Owner: ADVENTURE SCUBA DIVING, L.L.C.

Classification: TANGIBLE-

Subdivision: - 451110-SPORTING

Block / Lots: /

Lot Size / Acreage: /

2015 Balance Due:*	0.00	2015 Appraised Value:	0
Balance Due Prior Years:	0.00	2015 Assessed Value:	0
		2015 Tax Rate:	0.0232
Total Balance Due All Years*:	0.00	2015 Tax Levy:	97.00

\* If paid thru the end of this month